



THE NEW JERSEY TURNPIKE AUTHORITY

REQUEST FOR ACCIDENT REPORT

All requests for accident reports must be made in writing on this form (both sides) to:

Turnpike Accident:

New Jersey Turnpike Authority
Operations Department
New Jersey State Police, **Troop D**
Accident Report Request
P.O. Box 5042
Woodbridge, NJ 07095
(732) 442-8600 Ext. 2908

Parkway Accident:

New Jersey Turnpike Authority
Operations Department
New Jersey State Police, **Troop E**
Accident Report Request
P.O. Box 20
Woodbridge, NJ 07095
(732) 442-8600 Ext. 2420

- **Enclose a self-addressed, stamped business envelope.**
- All fees must be paid prior to the release of the report by certified check, money order, or insurance company/attorney account check payable in U.S. funds, made payable to the New Jersey Turnpike Authority. Personal checks, business checks, credit cards and cash **will not** be accepted.

ACCIDENT REPORTS ARE USUALLY AVAILABLE 15 BUSINESS DAYS AFTER THE ACCIDENT

The fee for furnishing a copy of a State Police accident report is an administrative fee of \$5.00 (N.J.S.A. 39:4-131) plus \$0.75 per page (N.J.S.A. 47:1A-5b). Generally, the costs for requests are as follows:

1-2 Vehicles involved < 1 Page > = \$5.75
3-4 Vehicles involved < 2 Pages > = \$6.50

For **ACCIDENTS INVOLVING FATALITIES, BUS ACCIDENTS OR ACCIDENTS INVOLVING 5 OR MORE VEHICLES** please call the appropriate agency above to obtain the cost of the accident report(s).

Website for both the New Jersey Turnpike and the Garden State Parkway
<http://www.state.nj.us/turnpike/>

(Continued on reverse side)

THE NEW JERSEY TURNPIKE AUTHORITY
REQUEST FOR ACCIDENT REPORT FORM

Accident Report Case Number (if known): _____ Location: _____

Date of Accident: _____ Time of Accident: _____ ☐ AM or ☐ PM

Roadway Accident Occurred (check one): ☐ New Jersey Turnpike ☐ Garden State Parkway

Name of **party** involved in accident (Print Legibly): _____

Date of Birth: _____

License Plate #: _____

Requestor's Name: _____ ☐ same as above

Address: _____ Company Name: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Business Phone: (_____) _____

"Party" or "Non Party" to the accident (check one):

☐ **Party**

A "party" to an accident is defined as a person who is named in the accident report as a driver, passenger, or owner of the involved vehicle, person otherwise suffering injury or damage, or a witness to the accident. Any person who has valid authority to act for a party by operation of law, by contract, or by grant of authority from the party (such as a parent / guardian, attorney, insurance company, or executor) shall also have rights of a party under this policy but proof of legal authority must be attached to this form.

☐ **Non Party**

A "non party" to an accident is defined as a person who is not named in the accident report as a driver, passenger, or owner of the involved vehicle, person otherwise suffering damage or injury, or a witness to the accident. All non-party reports will be redacted.

Requestor's relationship to party involved in accident (check one):

☐ Self ☐ Other: _____ (Ex: spouse, guardian, attorney, executor of estate, etc.)

Certification: I hereby certify to the truthfulness and accuracy of all the information provided in this request, including as to whether I am a party's lawful representative, and I am signing this certification with knowledge that the New Jersey Turnpike Authority will rely on the truthfulness of the statements I have made. I recognize that if any statement in this request is willfully false I am subject to punishment that may include criminal prosecution for false swearing.

Date: _____

Signature: _____